

**EDGECOMBE COUNTY HEALTH DEPARTMENT
APPLICATION FOR WELL PERMIT**

DATE RECEIVED _____

TOWNSHIP: _____

TAX PARCEL I.D. NO: _____

1. REQUESTED BY: _____
Name Relationship to Owner

Requester's Mailing Address Phone

2. _____
Name of Current Owner Mailing Address of Owner

3. DIRECTIONS TO PROPERTY: _____

4. PERMIT REQUESTED FOR: House ☐ Mobile Home ☐ Commercial ☐ Other ☐

5. Does the site contain any existing wastewater systems? ☐ Yes ☐ No

If yes, where are they located? _____

6. GIVE PROPERTY DIMENSIONS: (to nearest foot)

Front _____ Rear _____ Side _____ Side _____

RETURN APPLICATION TO: Edgecombe Co. Health Dept.
Environmental Health Division
2909 Main Street
Tarboro, NC 27886
Phone: (252) 641-7573, Fax: (252) 823-2077

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Property owner's or owner's legal representative** signature (required)

Date